## APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE APPLICATION FEE AT THE TIME OF FILING.

## APPLICATION FOR SPEEDING TICKET DIVERSIONS

Docket Number:	Attorney:		
Court Date:			
ALL ANSWERS MUST BE COMPL	LETE. TYPE OR PRINT	CLEARLY.	
1. FULL NAME:		TELEPHONE	
ADDRESS: (Street)	(City)	(State)	(Zip)
2. AGE: 3. DATE OF	F BIRTH		
4. SOCIAL SECURITY NUMBER:			
5. DRIVER'S LICENSE NUMBER:	COMMERCIAL DL #		
6. PRIOR OFFENSE RECORD:	None Juvenile	Adult	
CRIMINAL OFFENSE CONVICT	ION/DIVERSION:		
7. TRAFFIC OFFENSE CONVICTION  8. DATE OF CURRENT CITATION		rs)	
Form 15-116b (Revised 9/03) Speeding Diversion Information Shee	t		

9. Are you now, or have you ever, parti If yes, please state where and effective of	cipated in any other traffic diversion program? date of program.	
10. Do you have any other traffic citatio please state, where:	ons pending in any other city, county, or state?	If yes,
	EHICLE INSURANCE COMPANY, YOUR AGENT'S MBER AND THE INSURANCE POLICY NUMBER:	S
INSURANCE COMPANY:	POLICY NO:	
AGENT'S NAME:	TELEPHONE NO:	
Attorney temporarily delay trial prapplication. I agree that any time should I be denied, will be assessed understand that the final decision case rests entirely with the City A I authorize the program coordinate the program. I understand that any	a participant in the diversion program and request that roceedings against me in order to permit consideration taken to consider this application and the rescheduling ed against me in determining my right to a Speedy Tria to commence trial proceedings or to defer prosecution ttorney.  Triangle of the diversion of the diversion of the determine suitable of the diversion of the d	of this for trial, l. I in my
<b>J</b> 1	ion in this application may be grounds for recommendam or removal after placement in the program, in which ation of the original charges.	
DATE	APPLICANT	